



**Summer at SEM Health and Permissions Form 2021 – Day Camper**

Please email or fax forms before camper starts. Forms should be emailed to: mainoffice@buffaloseminary.org or faxed to (716)885-6785.

Each camper is required to submit a health appraisal and vaccination form, valid within the year, from their physician or complete the SEM Health Appraisal form prior to attending camp.

**Emergency Contact Information:**

Camper Name:	Date of Birth:
Primary Emergency Contact Person:	
Relationship to Camper:	
Phone #:	Alternate Phone #:
Another Person to Contact:	Phone #:
Name of Doctor:	Phone #:

Please answer the following questions:

1. Does the camper have any restrictions to physical activity? If, yes, explain:

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2. Does the camper have any medical conditions we should know about such as asthma, allergies (including food allergies), etc.?

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3. Does the camper require any medication to be self-administered or administered by a camp staffer during camp hours such as Tylenol, Motrin, inhaler, epi-pen, etc.? If YES, please note condition below and provide written information for administration of prescription or over-the-counter medication from your health care provider.

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**Permission for Emergency Medical Treatment:**

In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian in order to receive authorization before any treatment or hospitalization is undertaken. I hereby authorize and consent to the Camp Director or designated representative in charge, present with my child, to act in accordance with his or her judgment to seek appropriate care for my child with a licensed physician, nurse or emergency personnel for treatment. This representative is absolved from any liability or financial responsibility in connection herewith.

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Ride in Camp Vehicles:**

A camp bus may be used to transport campers and staff to and from off-site camp events. I give my permission for my child to ride in these vehicles. I understand that there are normal risks of travel and participation in this activity and as a parent or guardian, hereby assume the risk of any injury to my child however caused and whether by negligence or otherwise.

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Agreement to the Use of Photos and Videos of Students:**

Buffalo Seminary reserves the right to use video footage and/or photographs of my child. The video footage and/or photographs will be the property of the school. Rights to these materials are waived, including the right to inspect and/or approve copy that may be used in conjunction with uses to which they may be applied. The pictures and/or video footage may be used as Buffalo Seminary sees fit for the production of educational or promotional materials and any other lawful purpose. We will use only images (video and still photography) that reflect positively on the student and the school.

Media Opt Out:

I do not give Buffalo Seminary the right to use video footage and/or photographs of my child.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please address any questions to [mainoffice@buffaloseminary.org](mailto:mainoffice@buffaloseminary.org)



# Buffalo Seminary Health Appraisal Form

205 Bidwell Parkway, Buffalo NY 14222  
Phone: (716)885-6780 FAX: (716)885-6785

**Buffalo Seminary requires that a Health Appraisal Form be completed annually for all students and for summer camp students.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class of: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached  
 No immunizations given today  
 Immunizations given since last Health Appraisal:  
Sickle Cell Screen:  Positive  Negative  Not Done Date: \_\_\_\_\_  
PPD:  Positive  Negative  Not Done Date: \_\_\_\_\_  
Lead Screen:  Positive  Negative  Not Done Date: \_\_\_\_\_  
Dental Referral:  Positive  Negative  Not Done Date: \_\_\_\_\_

**Significant medical/surgical history:**  See attached

**Specific current diseases:**  Asthma  Diabetes:  Type 1  Type 2  Hyperlipidemia  Hypertension  
 Other: \_\_\_\_\_

**Asthma Severity:**  intermittent  mild persistent  moderate persistent  severe persistent  inhaler

**Allergies:**  LIFE THREATENING  food: \_\_\_\_\_  insect: \_\_\_\_\_  seasonal: \_\_\_\_\_  
 other: \_\_\_\_\_  medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BP: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

				Referral			
Body Mass Index: _____				Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):				Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 <sup>th</sup>	<input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup>	<input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>		Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup>	<input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup>	<input type="checkbox"/> 99 <sup>th</sup> and higher					

Check here if entire exam is normal Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive  
Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

### MEDICATIONS

Medications (list all):  None  Yes, see attached list  
Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
I assess this student to be self-directed  YES  NO Student may self-carry and self-administer medication:  YES  NO  
Note: School nurse to also assess self-direction  
Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, play, work & school activities as checked below:  
\_\_\_\_\_ Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, team handball, etc.  
\_\_\_\_\_ Limited contact: cheerleading, gymnastics, skiing, volleyball, cross-country, handball, fencing, baseball, floor hockey, softball.  
\_\_\_\_\_ Non-contact: badminton, bowling, golf, swim, table tennis, tennis, weight training, crew, dancing, track, run, walk, rope jumping.  
 Specify medical accommodations needed from school: \_\_\_\_\_  None  
 Known or suspected disability: \_\_\_\_\_  Please Monitor  
 Restrictions: \_\_\_\_\_  Please Monitor  
 Protective equipment required:  Glasses/eyewear  Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

*This exam complies with NYSED requirements above and is valid for one year through the last day of the month dated below, with the exception of any illness or injury lasting more than five days that will require review by health care provider and school nurse.*



# Buffalo Seminary Health Appraisal Form

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Attach Immunization Record or complete chart below:

Vaccine	# Doses Required Grades 9-12	Doses: Please enter MM/DD/YYYY of each immunization		
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)	3 doses, final dose in the series should be received at age 4 or older and 6 months after the previous dose			
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)	1 dose, at age 10 or older			
Polio vaccine (IPV/OPV)	3 doses, final dose in the series should be received at age 4 or older and 6 months after the previous dose			
Measles, Mumps and Rubella vaccine (MMR)	2 doses			
Hepatitis B vaccine	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age			
Varicella (Chickenpox) vaccine	1 dose or history of the disease			
Meningococcal conjugate vaccine (MenACWY)	1 dose, Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age or older			

Link to New York State Immunization Requirements Chart:

<https://www.health.ny.gov/publications/2370.pdf>

# BUFFALO SEMINARY SUMMER@SEM WELLNESS POLICY

This form must be completed and returned prior to your child attending camp.

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Please review Buffalo Seminary's Summer@SEM wellness policy below and sign that you have read and agree to abide by it. If your child is not well, please call us to let us know. Some illnesses need to be reported to other families and the NYS Department of Health. If you or anyone in your household is under quarantine for COVID-19 your child must be excluded from camp. A wellness screening and temperature check will be conducted before a camper or counselor enters the building.

## WELLNESS POLICY

We need every family's cooperation to provide a healthy environment for all the campers. Below are guidelines for you to follow when your child is ill. If your child's health is questionable, please keep them home.

If your child shows any of the following signs of illness, they **MUST** stay home:

**FEVER:** a child with a temperature at or above 100 degrees may not return to camp until they have fever-free for a full 72 hours without fever-reducing medication (i.e. fever on Monday, fever-free Tuesday-Thursday, may return to camp)

**VOMITING** and/or **DIARRHEA:** a child may not return to camp until they have been free of these symptoms for a full 24-hour period without medicine.

Suspicious **SKIN RASHES** or **LESIONS**

**NASAL CONGESTION:** thick, yellow/green discharge, interferes with breathing, not related to allergies

**COUGH:** persistent, dry, "croupy" or "barking"

**IRRITABILITY**

**LISTLESS,** no energy

**POOR APPETITE** associated with other signs

Complaining of a **SORE THROAT** or **EARACHE**

## WHAT TO EXPECT IF YOUR CHILD BECOMES ILL WHILE ENROLLED AT CAMP

- If your child has a fever of 100, they **MUST** be kept at home until fever-free for a full 72 hours without medicine.
- If your child **VOMITS** or has **DIARRHEA**, they must be kept at home for a full 24 hours without symptoms or medicine.
- **SKIN RASHES** or **LESIONS** will require a doctor's note to return and must comply with Health Department recommendations.
- Allergy symptoms must be confirmed by a doctor.
- When you are called during the day because your child has become ill, arrangements must be made for your child to be picked up within 30 minutes.
- When your child returns to camp after an illness, the counselor will do a wellness screening and temperature check. If it appears that your child is not ready for a full day of camp, you will be asked to take your child home. The same policy applies to a child who appears to be getting ill. Your cooperation will enable us to keep illness at a minimum.

It is the parents'/guardians' responsibility to notify the Camp Director if their child has been exposed to any contagious illness including, but not limited to, coronavirus, chickenpox, strep throat, coxackie, lice, impetigo, and flu. This policy has been instituted to benefit our entire camp community.

I have read and agree to abide by the Buffalo Seminary Summer@SEM's wellness policy.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature